

aging-in-community (AIC) programs. Older adults from three programs were recruited (n=290): a university-based lifelong learning program (LLP; n=110), a county neighborhood lunch program (NLP; n=84), and a village program (n=96). Mean age was 72.4 (SD=8.68) years and 78% female. Findings showed NLP participants were more likely to obtain health information from TV (p=.030), friends and neighbors (p=.016), family members (p<.001), or mailed advertisement (p<.001); while less likely to obtain health information online (p<.001). Village members preferred afternoon while NLP participants preferred morning programs (p=.025). Most desired frequency was weekly (45%) and delivered in small group modes (68%). NLP participants were more likely to report self as risk takers (29% vs. 17%) or old tradition (23% vs. 3-8%) towards new technology adoption (p<.001). Results have implications on tailored program planning for older adults in different AIC programs.

THE DO IT MYSELF VILLAGE: BUILDING A VILLAGE-LIKE SUPPORT SYSTEM WITHOUT A VILLAGE

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Villages provide members with a wide range of support including socialization, vetted vendors and other services that assist the elder to age in place. While not every Village offers the same types of support many older adults join Villages to gain benefits they may have lost (such as an informal support network) or ones they cannot find (such as identifying reliable providers of home repair). However, Villages are not available everywhere and there are barriers to Village membership, especially cost. Do older adults without access to a Village simply “do without” or do some of them create the same type of support system on their own? This presentation, using data collected in focus groups and individual interviews for a study of aging in community will describe the ways in which older adults have fashioned their own set of services and socialization opportunities to achieve the same goals as Village membership.

THE VILLAGE MODEL, WHAT'S NEXT?

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Researchers at UC Berkeley will present some key findings of their research on Villages spanning the last decade. First, results of a longitudinal study of operational Village organizations in the US (conducted in 2009, 2012, and 2016) reveals that the Village model has expanded and developed over time, with some changes in organizational structure. A national survey of Village members (N=2000) shows that Village remain homogeneous, and impact different types of members in different ways, with older, more frail members perceiving more quality of life benefit, while younger, healthier members perceive more benefits in the areas of social engagement. Finally, two studies looking at Village retention/participation show that issues such as lack of diversity, focus on social engagement can be barriers to inclusion, retention and ultimately, scalability of the model.

SESSION 2155 (PAPER)

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

MY PARENT'S BODY IS SACRED: LATINO PERSPECTIVES ON BRAIN DONATION FOR ALZHEIMER'S DISEASE RESEARCH

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Brain donation is a critical part of advancing research addressing Alzheimer's disease and related dementias (ADRD). Latinos are at a higher risk of developing ADRD compared to non-Latino Whites. However, there is limited knowledge regarding causes and mechanisms related to ADRD health disparities among Latinos partially due to lower research participation and brain donation rates. Family members play a pivotal role in increasing brain donation rates, particularly, among underrepresented groups. In this study, we examine the perceptions of brain donation among adult children of older Latinos. We invited Latino men and women (N=15) with a parental-figure who was 65 years and over to participate in one of three focus groups. During the focus groups, participants discussed the meaning of brain donation for research, reasons to donate or not, and their reactions to the possibility of their parental-figure being a brain donor. All focus groups were audio-recorded and transcribed with transcripts used for data analysis. We used a Grounded Theory Approach to analyze focus group data. Results yielded three themes: (1) social and cultural factors influencing a family's willingness to support organ donation; (2) lack of knowledge about the brain donation process; and (3) recommendations for engaging more Latinos in ADRD research and brain donation. Findings provide insight into how family participation may facilitate increased brain donation rates in ADRD studies among older Latinos. A main recommendation for researchers is to adopt a family-centered approach throughout the research process with a focus on addressing information gaps - from recruitment to dissemination.

PERCEPTIONS OF BRAIN HEALTH AND INTEREST IN PARTICIPATING IN BRAIN HEALTH RESEARCH AMONG ADULTS AGE 50 TO 64

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Evidence suggests it may be possible to reduce the risk of developing dementia during midlife. The University of Michigan National Poll on Healthy Aging (NPHA), a nationally representative online survey, sought to determine to what extent adults age 50 to 64 anticipate and worry about developing dementia, are taking steps to prevent dementia, and are likely to participate in dementia-related research.